

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



July 1, 1994

ALL-COUNTY LETTER NO. 94-56

TO: ALL COUNTY WELFARE DIRECTORS
ALL FOOD STAMP EMPLOYMENT
AND TRAINING COORDINATORS

Reason for this Transmittal

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: FOOD STAMP EMPLOYMENT AND TRAINING
PROGRAM PLAN PRE-PRINT 1995

REFERENCE: MPP 63-407
ALL-COUNTY LETTER 93-43

The purpose of this letter is to inform counties of the Food Stamp Employment and Training (FSET) planning process for Federal Fiscal Year (FFY) 1995. Counties are to complete the enclosed County FSET Plan Pre-Print to certify compliance and provide all pertinent data.

The Pre-Print follows the Food and Nutrition Service (FNS) requirement for plan format and meets all existing plan requirements. The Pre-Print simplifies the county planning process by providing a detailed fill-in and check box plan format with space available for comments and/or explanation. While it may appear there is some duplication in the Pre-Print, each information item is required by the federal handbook directing preparation of the State FSET Plan and must be in California's State Plan in order to obtain federal approval.

Counties operating a program should complete all pertinent sections of the Pre-Print, applicable component pages and include any additional comments in designated sections or attach narrative as necessary. Counties requesting a total geographic exclusion need only complete Part V of the Pre-Print. Each county will need to complete the Pre-Print as it pertains to the county and submit it by July 15, 1994.

Funding for the FSET Program

The FNS provides a limited 100 percent federal allocation for the administrative cost of the program based on the number of work registrants nationwide. The State provides a limited administrative allocation and participant reimbursement allocation that is matched against federal 50 percent and county 15 percent funds.

Attachment II reflects your county's estimated administrative share of the 100 percent federal funds and estimated share of the total 50 percent federal/35 percent state/15 percent county administrative funds. Attachment III reflects your county's estimated total share of participant reimbursement for transportation and dependent care at the 50 percent federal/35 percent state/15 percent county sharing ratios. These funding ratios are based on federal and

state funds available and on your county's percent to total of the statewide nonassistance food stamp caseload. Counties that are almost certain to be approved a geographical exclusion have not been allocated funds in Attachment II and III.

Final allocations will be issued when FNS approves the State Plan. The final allocation will be based on the request each county makes as part of the planning process and the availability of state and federal funds. FNS approval of California's FSET State Plan and budget is required before the final allocations will be released.

Program expenditures in excess of the 100 percent federal allocation and 50/35/15 allocation can be funded, at county option, with 50 percent federal/50 percent county funds. All fund requests must be accurate and justifiable, and must be identified in the county plan. To the extent that proposed services are consistent with state regulations, requests will be forwarded to FNS for approval as part of the State Plan.

County Plan Submittal

Please complete the County FSET Plan Pre-Print in Attachment I. Each blank on the Pre-Print must be filled in. If a section of the Pre-Print is not applicable please fill in the blank with N/A.

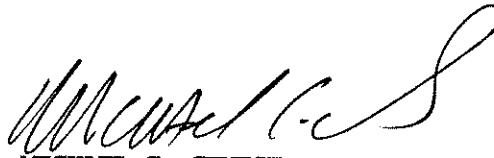
If a county desires total geographical exclusion for FFY 1995, it is not necessary to complete the entire Pre-Print. Instead, only Part V of the Pre-Print must be completed.

Please send two copies of your County FSET Plan Pre-Print and/or request for geographical exclusion and the name and phone number of your county's FSET coordinator by July 15, 1994 to:

Employment Operations Section
744 P Street, M.S. 6-136
Sacramento, CA 95814
Attention: Ellie Kemp

If you have any questions, please have your staff contact Ellie Kemp at (916) 654-1453. Questions concerning your allocation should be directed to the County Administrative Expense Control Bureau at (916) 657-3806.

Sincerely,



MICHAEL C. GENEST
Deputy Director
Welfare Program Division

Enclosures

c: CWDA

FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM PLAN
Fiscal Year 1995

- A. Definitions
 - B. Program Requirements
 - C. County Plan Pre-Print
-

SECTION 1: DEFINITIONS

Alternate program delivery: The delivery of Food Stamp Employment and Training (FSET) Services through existing programs such as General Assistance (GA), Refugee Services, or Greater Avenues for Independence (GAIN).

Base of Eligibles: FSET mandatory participants (defined below) plus persons who volunteer for FSET participation.

Certified: An individual who is approved to receive food stamps.

Component: A job club/job search, education, work or training assignment designed to help food stamp participants move promptly into unsubsidized employment.

Deferred registrant: A work registered individual whose circumstances defer him/her from participating in FSET activities. Work registrants who are participating in programs that have standards exceeding those for FSET also may be deferred.

Employment and training grant: 100 percent Federal funding to cover the administrative and program cost involved in operating FSET. This does not cover participant reimbursement.

Employment and training program: A program operated by a county consisting of one or more FSET components.

Geographic exclusion: A county or part of a county that, due to compelling reasons, is approved by the Food and Nutrition Services (FNS) to be excluded from operating FSET. In general a county must meet one of the following conditions:

- o Have less than 500 work registrants, or
- o Ten percent or higher unemployment rate.

Individual deferral criteria: Criteria for deferring an individual for personal reasons, such as lack of child care, lack of transportation, mental problems, etc. (see Part II, B).

Mandatory participant: A work registrant who is not deferred from participation.

Matched funding: Funding at the 50 percent FFP level of program costs in excess of the 100 percent allocation. If the plan activities are approved, counties will receive an allocation of the proportionate share of 50 percent federal/35 percent state/15 percent county funds. For approvable activities above that level, counties may participate at a 50 percent federal/50 percent county rate.

Participant reimbursement funding: The 50 percent federal/35 percent state/15 percent county funding for the costs of participation, such as transportation and dependent care. May include a match at the 50 percent federal/50 percent county match.

Placement: A "placement" occurs when a work registrant starts a component or is sent a Notice of Adverse Action (NOAA) for noncompliance or is denied certification due to noncompliance with an FSET Program requirement. Persons who fail to comply with other work registrant requirements or who voluntarily quit a job and are sent a NOAA may not be considered "placed".

Substitute program: A program that has participation requirements which exceed those contained in the FSET Program.

Work registrant: An individual who is required to register for work pursuant to Manual of Policies and Procedures (MPP) Section 63-407.1.

SECTION 2: PROGRAM REQUIREMENTS

COMPONENTS

The following is a description of the categories of components and allowable participation requirements. There are four general program components: 1) Job Club/Job Search, 2) Education, 3) Work Components, and 4) Training. The number of months in which participation is required and the number of components in which a participant must attend may be determined by the county as long as the minimum and maximum participation requirements of the program are met.

Requirements may vary among participants. The maximum hours of participation imposed on each individual must not exceed 120 hours per month, including non-work and work component hours, Food Stamp Workfare program hours, and hours worked for compensation, in cash or in kind. Both applicants and recipients of food stamps may be required to participate in the various components.

JOB CLUB/JOB SEARCH:

- o Job club (job search workshop) consists of group training sessions in job finding skills, job interviewing skills, understanding employer requirements and expectations, and in enhancing self-esteem, self-image, and confidence.
- o Supervised job search consists of an organized method of seeking work and may include access to phone banks, job orders, and direct referrals to employers.
- o Unsupervised job search consists of independent efforts by a registrant to look for employment and follow-up interviews by professional staff to determine the adequacy of the job search.

Participation Requirements

The minimum participation requirement in job search is 12 hours a month for two months or an equivalent effort. The minimum participation requirement of job club is 16 hours. Participation requirements cannot be imposed if they would delay the determination of eligibility for or issuance of benefits to any household otherwise eligible. In job search, the participation requirement may begin at application for an initial period of up to eight consecutive weeks and continue for an additional period of up to eight weeks during 12 consecutive months. The 12 consecutive month period may begin at any time following the close of the initial eight consecutive week period imposed on an applicant.

EDUCATION

- o Education includes educational programs or activities to improve basic skills or otherwise improve employability, such as Adult Basic Education, English as a Second Language, and high school equivalency (GED).

Participation requirements

A direct link between the education and job-readiness must be established for a component to be approved.

WORK COMPONENTS

- o Workfare consists of a nonsalaried assignment with a public or private nonprofit agency that provides the registrant the opportunity to develop basic work habits or to practice existing skills. Individuals assigned to workfare must be provided the same benefits and working conditions provided to employees performing comparable work for comparable hours. In addition, a workfare assignment cannot result in the displacement of employed individuals or in the reduction of employment opportunities, such as substituting a workfare person in a vacant position.
- o On-the-Job-Training/Work Experience consists of an assignment to provide work experience or training or both to enable participants to move promptly into regular public or private employment. The assignment is limited to projects that serve a useful public purpose in fields such as health, social services, environmental protection, etc. The assignment cannot replace a regular employee but must provide the same benefits and working conditions that are provided to regular employees.

Participation requirements

There are maximum participation limits for both households and individuals. Work component participation requirements imposed collectively on members of a household each month are limited to the number of hours equal to the household's allotment for that month divided by the higher of the applicable State or Federal minimum wage. The limits for individuals are specified in MPP 63-407.85.

TRAINING

Vocational training is a project or program, such as a supported work program or a Job Training Partnership ACT (JTPA) or state or local program aimed at accomplishing the purpose of the FSET.

Participation Requirements

There are no specific participation requirements, as long as the FSET minimum and maximum participation requirements are met. The limits for individuals are specified in MPP 42-407.85.

SERVICE DELIVERY

Each County has the flexibility to choose the type of FSET component(s) it will operate and the manner in which they administer the component. The county may operate the program or contract with another organization to operate the program.

Counties that operate their own programs may establish independent FSET components and/or use existing components of other work programs in General Assistance, the Refugee Employment Services Program or GAIN. If existing components are used, the following conditions must be met:

- o Participation and sanction requirements are consistent with FSET.
 - o The components are described in an approved county plan.
 - o Activities associated with the delivery of services to FSET participants are time-studied and claimed to the FSET Program in accordance with applicable time study and claiming instructions issued by Fiscal Policy and Procedures Bureau (FPPB).
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SECTION 3: COUNTY PLAN PRE-PRINT

PART I: SUMMARY OF FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

- A. Component Summary.....
- B. Characteristics of Work Registrants.....
- C. Geographic Coverage.....

PART II: PROGRAM PARTICIPATION AND EXEMPTIONS

- A. Work Registrant Population.....
- B. Deferral Criteria.....
 - 1. Individual Deferral Criteria and Justification.....
 - 2. Estimated Participant Levels (Table 1).....
 - 3. Planned FSET Program Participants (Table 2).....

PART III: PROGRAM COORDINATION

- A. Intra-Agency Coordination.....
- B. Inter-Agency Coordination (Table 3).....
- C. Conciliation Process.....

PART IV: PROGRAM COSTS AND FINANCIAL MANAGEMENT

- A. Planned Costs of the County FSET Program.....
 - 1. Sources of FSET Funds (Table 4).....
 - 2. Operating Budget (Table 5).....
 - 3. Justification of Cost.....
 - 4. Contractual Arrangements.....
 - 5. Participant Reimbursement.....
 - 6. Method of Reimbursement.....

PART V: GEOGRAPHIC EXCLUSION

- A. Work Registrant Population
- B. Unemployment
- C. Exclusion Justification
 - 1. Transportation/Remoteness.....
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PART VI: PROGRAM REPORTING AND MANAGEMENT INFORMATION

- A. Method for Meeting On-going Reporting Requirements
- B. Organizational Responsibility for FSET Reporting
- C. Work Registrant Population

PART I

SUMMARY OF FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

A. Component Summary

The County must certify that each component summary is correct by checking the appropriate box following the component description. If the component description provided summarizes your particular component check the first box. If there are deviations from the component description provided, check the second box, and summarize your description of component. If the component is not offered in your county check, Not Applicable.

1. Independent Job Search

a. Description of component:

☐ County certifies to the following description:

This component consists of an unsupervised job search effort, beginning at application, or at certification or a combination of both. The participant attends an orientation session, in which, the program requirements are explained, Rights and Responsibilities are provided, and guidance is given in the methods of a successful job search. Participants report back at scheduled intervals for verification of effort.

☐ County certifies to the following description:

☐ Not Applicable

b. Geographic areas to be covered:

☐ Entire County ☐ Other: _____

c. Number of job contacts that will be required over what time period:

Contacts: ☐ 24 ☐ 24 - 36 ☐ 36 - 48 ☐ _____

Length of participation:

☐ 4 weeks ☐ 8 weeks ☐ other: _____

d. Anticipated number of mandatory participants who will enter the component: _____

e. Anticipated number of volunteers who will enter the component: _____

f. Anticipated number of Notices of Adverse Action (NOAAs) to be sent to mandatory participants who fail to comply with the component: _____

g. Population served:

☐ Applicants ☐ Recipients.

h. Organization responsibilities:

☐ CWD ☐ Contractor

i. Method for monitoring job contacts:

- ☐ Verify all job contacts listed by calling each employer listed on client contact sheet
☐ Call every other employer listed
☐ Verify five (5) contacts
☐ Other: _____

j. Number of participants expected to receive reimbursement for dependent care: _____

k. Number of participants expected to receive reimbursement for transportation: _____

l. Total cost of participant reimbursement: for transportation \$_____ and for dependent care \$ _____

m. Total cost of transportation (\$_____) divided by number of participants expected to receive reimbursement for transportation (_____) equals \$_____ per participant.

n. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.

o. Administrative cost of component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).

p. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

2. **Supervised Job Search (Non-work component)**

a. Description of component:

☐ County certifies to the following description:

This is an intensive, short term effort, in which the participant is provided with supervised use of:

- ☐ phone banks ☐ directories ☐ Individual counseling ☐ group activities
☐ other: _____

☐ County certifies to the following:

☐ Not Applicable

b. Geographic areas covered:

☐ Entire County ☐ Other: _____

c. Length of participation:

☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ Other: _____

Job contacts:

☐ 24 ☐ 25 - 30 ☐ 31 - 40 ☐ Other: _____

d. Anticipated number of mandatory participants who will enter component: _____.

e. Anticipated number of volunteers who will enter component: _____.

f. Anticipated number of Notices of Adverse Action (NOAAs) to be sent to mandatory participants who fail to comply with the component requirements: _____.

g. Population served:

☐ Applicants ☐ Recipients

h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

☐ Unsupervised Job Search ☐ Job Club ☐ Other: _____

i. Organizational responsibilities:

☐ CWD ☐ Contractor: _____
☐ Other: _____

j. Methods for monitoring job contacts:

☐ Verify all job contacts by calling each employer listed on client contact sheet
☐ Call every other employer listed ☐ Verify five (5) contacts
☐ Other: _____

k. Number of participants expected to receive reimbursement for transportation: _____.

l. Number of participants expected to receive dependent care reimbursement: _____.

m. Total cost of participant reimbursement for transportation: \$_____ and for dependent care: \$_____.

n. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.

o. Administrative cost of the component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement)

p. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

3. **Job Club:** (Non-work component)

a. Description of component:

☐ County certifies to the following description:

Participants are taught how to overcome barriers to employability, enhance their self-esteem, and gain confidence to go on a job interview. Specific activities will teach them how to identify skills, set goals, write resumes, complete job applications, and interview effectively.

☐ County certifies to the following:

☐ Not Applicable

b. Geographic areas covered:

☐ Entire County ☐ Other: _____

c. Level of participant effort:

☐ 16 hours ☐ 20 hours ☐ Other: _____

Weeks of participation:

☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ Other: _____

d. Anticipated number of mandatory participants who will enter component: _____

e. Anticipated number of volunteers who will enter component: _____

f. Anticipated number of NOAAs for noncompliance: _____

g. Population served:

☐ Applicants ☐ Recipients

h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

☐ Job Search ☐ Other: _____

i. Organizational responsibilities:

☐ CWD ☐ Contractor: _____

☐ Other: _____

j. Number of participants expected to receive reimbursement for transportation: _____

k. Number of participants expected to receive reimbursement for dependent care: _____

l. Total cost of transportation (\$_____) divided by the number of participants expected to receive reimbursement for transportation(_____) equals \$_____ per participant.

m. Total cost of dependent care (\$_____) divided by the number of participants expected to receive reimbursement (_____) equals \$_____ per participant.

n. Administrative cost of the component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).

o. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

4. **Workfare: (Work component)**

a. Description of component:

- ☐ County certifies to the following description:

This component consists of participants performing work in a public or private nonprofit agency that provides an opportunity to develop basic work habits or to practice existing skills.

- ☐ County certifies to the following:

- ☐ Not Applicable

b. Geographic areas covered:

- ☐ Entire County ☐ Other: _____

c. Anticipated number of mandatory participants who will enter the component: _____

d. Anticipated number of volunteers who will enter component: _____

e. Anticipated number of NOAAs: _____

f. Number of worksite positions expected: _____

g. Population served:

- ☐ Applicants ☐ Recipients

h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

- ☐ Job Search ☐ Job Club ☐ Other: _____

i. Organizational responsibilities:

- ☐ CWD ☐ Contractor ☐ Other: _____

j. Method for monitoring work assignment:

- ☐ Verify time sheets ☐ Visit work site ☐ Other: _____

k. Number of participants expected to receive reimbursement for transportation: _____

l. Number of participants expected to receive reimbursement for dependent care: _____

m. Total cost of participant reimbursement for transportation is \$_____ and for dependent care is \$_____.

n. Total cost of transportation (\$_____) divided by the number of person expected to receive reimbursement for transportation (_____) equals \$_____ per participant.

o. Total cost for dependent care (\$_____) divided by number of persons expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.

- p. Administrative cost of component per participant: \$ _____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$ _____.; excluding participant reimbursement - \$ _____.

5. **Vocational Training**

- a. Description of component:

☐ County certifies to the following description:

Employment training includes "hands-on" internship assignment, or training in a classroom setting.

☐ County certifies to the following:

- b. Not Applicable

- c. Geographic areas to be covered:

☐ Entire County ☐ Other: _____

- d. Level of effort:

☐ 3 months ☐ 6 months ☐ Other: _____

- e. Anticipated number of mandatory participants who will enter the component: _____.

- f. Anticipated number of volunteers who will enter the component: _____.

- g. Anticipated number of NOAAs to be sent for failure to comply: _____.

- h. Population served:

☐ Applicants ☐ Recipients

- i. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

☐ Job Search ☐ Job Club ☐ Other: _____

- j. Organization responsibilities:

☐ CWD ☐ Contractor: _____

☐ Other: _____

- k. Method for monitoring work assignment:

☐ Verify time sheets ☐ Visit work site ☐ Other: _____

- l. Number of participants expected to receive reimbursement for transportation: _____
- m. Number of participants expected to receive reimbursement for dependent care: _____
- n. Total cost of transportation (\$_____) divided by the number of participant expected to receive reimbursement for transportation (_____) equals \$_____ per participant.
- o. Total cost for dependent care (\$_____) divided by number of persons expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.
- p. Administrative cost of component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

6. On-the-Job-Training

- a. Description of component:

☐ County certifies to the following description:

This component consists of work experience to enable participants to move into regular employment. Assignments are limited to those serving a useful public purpose.

☐ County certifies to the following:

☐ Not Applicable

- b. Geographic areas covered:

☐ Entire County ☐ Other: _____

- c. Level of participant effort:

☐ Participants will be placed in a job with regular working days and hours.

☐ Other: _____

- d. Duration:

☐ 1 month ☐ 2 months ☐ 3 - 6 months ☐ Other: _____

- e. Anticipated number of mandatory participants who will enter the component: _____

- f. Anticipated number of volunteers who will enter component: _____

- g. Population served.

☐ Applicants ☐ Recipients

- h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

☐ Job Search ☐ Job Club ☐ Other: _____

- i. Organizational responsibilities:
☐ CWD ☐ Contractor: _____
☐ Other: _____
- j. Method for monitoring work assignment:
☐ Verify time sheets ☐ Visit work site ☐ Other: _____
- k. Number of participants expected to receive reimbursement for transportation: _____
- l. Number of participants expected to receive reimbursement for dependent care: _____
- m. Total cost of participant reimbursement: for transportation \$_____ and for dependent care \$_____.
- n. Total cost of transportation (\$_____) divided by the number of persons expected to receive reimbursement for transportation (_____) equals \$_____ per participant.
- o. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.
- p. Administrative cost of component per participant: \$_____ (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____)

7. **Education**

- a. Description of Component:
- ☐ County certifies to the following description:
This component assists the participant to develop basic skills in reading, language and arithmetic to better prepare participants for the job market.
- ☐ County certifies to the following:

- ☐ Not Applicable
- b. Geographic area covered:
☐ Entire County ☐ Other: _____
- c. Number of hours of participation: _____
- d. Length of participation:
☐ 1 week ☐ 2 weeks ☐ 3 weeks ☐ Other: _____

- e. Anticipated number of mandatory participants who will enter component: _____.
- f. Anticipated number of volunteers who will enter component: _____.
- g. Anticipated number of NOAAs: _____.
- h. Population served:
☐ Applicants ☐ Recipients
- i. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:
☐ Job Search ☐ Job Club ☐ Other: _____
- j. Organizational responsibilities:
☐ CWD ☐ Contractor: _____
☐ Other: _____
- k. Method for monitoring attendance:
☐ School attendance reports ☐ Other: _____
- l. Number of participants expected to receive reimbursement for transportation: _____.
- m. Number of participants expected to receive reimbursement for dependent care: _____.
- n. Total cost of participant reimbursement: For transportation \$_____ and for dependent care \$_____.
- o. Total cost of transportation \$_____ divided by number of participants expected to receive reimbursement for transportation (_____) equals \$_____ per participant.
- p. Administrative cost of component per participant: \$_____ (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.
- r. If cost for the education component is charged to the FSET program, please explain why the county cannot use existing educational classes. _____

8. Assessment (Non-Component)

a. Description of assessment:

- ☐ County certifies to the following description:

This component determines, through an extensive interview, the training and/or employment plan of the participant

- ☐ County certifies to the following:

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- ☐
- Not Applicable

b. Geographic area covered:

- ☐ Entire County ☐ Other: _____

c. Anticipated number of mandatory participants who will be assessed: _____.

d. Anticipated number of volunteers who will be assessed:_____.

e. Population served:

- ☐ Applicants ☐ Recipients

f. Organizational responsibilities:

- ☐ CWD ☐ Contractor: _____
- ☐ Other: _____

g. Number of participants expected to receive reimbursement for transportation: _____

h. Number of participants expected to receive reimbursement for dependent care: _____.

i. Total cost of participant reimbursement: For transportation \$_____ and for dependent care \$_____

j. Total cost of transportation \$ _____ divided by number of participants expected to receive reimbursement for transportation (_____) equals \$ _____ per participant.

- ## B. Geographic Coverage

Where (local)

Component(s)

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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PART II**PROGRAM PARTICIPATION AND EXEMPTIONS****A. Work Registrant Population**

1. The number of work registrants expected to be in the County as of October 1, 1994 through October 31, 1994 is estimated to be: _____
2. Anticipated number of new work registrants added between November 1, 1994 and September 30, 1995 total: _____
3. The total number of work registrants in the County between October 1, 1994 and September 30, 1995 is estimated to be: _____

The work registrant count in the County is: ☐ duplicated ☐ unduplicated

If duplicated what percent is duplicated: _____

Explain how you arrived at this percent: _____

B. Characteristics of Work Registrants

1. Average age: _____
2. Percent Male: _____
3. Percent Female: _____
4. Average length of assistance: _____
5. The following summarizes the characteristics of the work registrant population: _____

6. The information on work registrant characteristics was obtained via:
☐ Special survey ☐ Food Stamp Characteristics Survey ☐ Other: _____

C. Deferral Criteria

1. Individual/Personal Exemptions (Deferrals). The following are approved individual deferrals and definitions used to derive at figures for Table 1 part C and reported on the STAT 40 report form.
 - (a) Circumstances which would exempt an individual from participation are hereafter referred to as "deferral criteria." The following circumstances shall defer an individual from participation:

- Lack of transportation.
- Lack of child care.
- Temporary disability or illness.
- Family difficulties.
- Temporarily unemployed.
- Participation in a program with requirements which exceed those of the FSET program.

(b) Criteria used to authorize the above deferrals follow:

- Lack of transportation would be determined if: private or public transportation is not available at reasonable times or on a regular basis, or transportation costs of participation exceed \$25.00 per month or a round trip exceeds 2 hours.
- Lack of child care would be determined if: private or public child care is not available at reasonable times, or child care costs of participation exceed \$160 per month per dependent.
- Temporary disability or illness would be determined if a woman is in the second trimester of pregnancy, and/or if an individual has an illness or injury serious enough to temporarily prevent employment; minor ailments, such as colds, will not defer a person from participation.
- Family difficulties would be determined if: the individual was needed temporarily to care for an incapacitated or ill family member, or there was a death in the immediate family or of any person in the immediate household, or there is a severe family crisis.
- Legal difficulties would be determined if: the individual has a mandatory court appearance in the immediate future or there are other legal difficulties that preclude participation.
- Unemployment is considered temporary if the individual is expected to return to work within 60 days.
- A program is considered to exceed the participation requirements of FSET when it requires more than 120 hours of participation per month, or in the case of work programs, requires more hours than the number obtained by dividing the food stamp allotment by the minimum wage. In Counties where the General Assistance (GA) program requirements exceed 120 hours per month, the individual will be deferred due to participation in that substitute program. GA recipients who are required to participate in Job Search and Workfare simultaneously and whose total number of hours exceed 120 per month are also deferred from FSET participation.

(c) The classification of staff who grant individual deferrals:

- ☐ Eligibility Worker ☐ Employment Program Worker ☐ Supervisors
☐ Other: _____

2. Complete Table 1 to Indicate Number of Work Registrants Deferred from participation

3. Complete Table 2 to Indicate Planned FSET Program Participants

Table 1
Estimated Participant Levels
Fiscal Year 1995

A. Total number of work registrants in County during the planned Federal Fiscal Year	TOTAL (A): _____
B. List the number of work registrants categorically exempt from FSET participation	_____
1. Substitute Program	_____
2. Geographical Excluded	_____
TOTAL (B): _____	
C. List number of work registrants individually deferred from FSET participation	
1. Physical or Mental Problems	_____
2. Lack of Child Care	_____
3. Lack of Transportation	_____
4. Family Difficulties	_____
5. Legal Difficulties	_____
6. Temporary Unemployment	_____
TOTAL (C): _____	
D. Total number of work registrants deferred from FSET (B + C)	TOTAL (D): _____
E. Percent of all work registrants exempt from FSET (D divided by A)	_____ %
F. Number of FSET mandatory participants (A - D)	_____

Table 2
Estimated FSET Placement Levels
Fiscal Year 1995

1. Number of times mandatory participants expected to begin a component	_____
2. Number of times volunteer participants expected to begin component	_____
3. Number of NOAA's which will be sent for FSET noncompliance	_____
4. Total number of placements the County expects to make during the year (1 + 2 + 3)	TOTAL _____

Table 2 is to reflect a count of placements not participants. A participant may begin and participate in more than one component over the course of the year. Each time the participant begins a new component the county shall count it as a placement. However, if participation is not continuous (e.g., participation is interrupted by a disqualification), the participant may only be counted as placed at the time of initial commencement of the component.

PART III

PROGRAM COORDINATION

A. Intra-agency Coordination

Please certify by checking the appropriate boxes, that best describe the methods used by the county to coordinate.

Narrative Coordination

- ☐ Eligibility workers will conduct eligibility and employment services (ES) activities, eliminating the need for coordination.
- ☐ Eligibility workers will conduct food stamp intake, application, certification, recertification, work registration, and sanctioning for FSET noncompliance. The eligibility worker will forward forms for work registrants to the Employment Services Unit or contractor.

☐ Other: _____

a. Information is Coordinated in the County through:

- ☐ Use of County developed forms ☐ Computers
☐ Other _____

b. Coordination Timeframes

- ☐ The County will refer the participant to the component within 30 days of application.
- ☐ The County will not refer the participant to the component within 30 days of application.

B. Complete Table 3 to Summarize Interagency Coordination

[SEE PAGE 16]

Table 3
Summary of Interagency Coordination for the FSET Program

Area of Coordination	Agencies	Number of FSET Participants Expected To Be Served	Methods of Coordination
1. Delivers a FSET component			
2. The FSET Program delivers a service for another agency or program			
3. Joint component of the FSET Program and another agency or program			
4. Referral of individuals from FSET Program to another program or agency			
5. Other form of coordination			

C. Areas of Coordination

- _____

- The County refers individuals to: _____

for services.

List any other areas of coordination:

D. Methods of Coordination

- ☐ Non-financial inter-agency agreement

List agency(ies): _____

- ☐ Contractual

List contractors): _____

- List with whom: _____
- _____
- _____
- _____
- _____
- _____

- List to what agency(ies): _____
- _____
- _____
- _____

- Explain:**

E. Conciliation Process

Registrants who fail to comply with FSET requirements shall be entitled to a period of conciliation prior to receiving Food Stamp sanctions. Conciliation shall begin the day following the discovery of noncompliance by the CWD employee responsible for administering FSET conciliation and shall not exceed 30 calendar days.

Within conciliation, the CWD shall inform the registrant in writing of the opportunity to both demonstrate good cause for the noncompliance and to avoid Food Stamp sanctions by performing a verifiable act of compliance.

If the CWD determines that no good cause existed, compliance must be achieved within the 30 calendar day conciliation period. Within conciliation, participants are entitled to reimbursement for dependent care, transportation, and other allowable expenses, provided such reimbursement is necessary to enable the participant to submit good cause information or comply with program requirements. If the registrant fails to comply by the end of conciliation, the CWD shall mail the individual or household on the final day of the conciliation period a Notice of Disqualification.

☐ County certifies to the above process

PART IV

PROGRAM COSTS AND FINANCIAL MANAGEMENT

A. Planned Costs of the FSET Program.

1. Complete Table 4 to indicate Operating Budget for FFY 1995. [See page 23]
2. Complete Table 5 to indicate Planned Fiscal Year Cost of the County FSET Program. [See page 24]
3. Justification of Education Costs, if any.
 - a. FNS requires assurance that FSET funds for an educational component will not supplant State or local funds devoted to basic education programs.

Please justify FSET expenditures for educational costs: _____

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard sheet of stationery. There is no handwriting or other markings on the page.

4. Contractual Arrangements

If the county anticipates contracting out any portions of the FSET Program, this section of the County Plan should describe those contractual arrangements and briefly summarize the contract management approach that will be followed. **Please provide the following information for each contractor and separate by component for each contractor:**

- a. The name and location of the contractor: _____
- _____
- _____
- _____
- _____

- b. Component (list one component per page per contractor): _____
- c. The amount of the contract: _____
- d. The contract management approach that will be followed (e.g., performance-based contract, method of contract monitoring, auditing procedures, competitive procurement): _____
- e. The basis for charging for contractual services, (i.e., will actual costs be claimed or a certain amount?): _____
- f. The number of persons expected to be placed through the contract: _____
- g. Cost per placement: _____
- h. Transportation cost per placement: _____
- i. Total cost of transportation: _____
- j. Cost of dependent care per participant: _____
- k. Total cost of dependent care: _____

5. Participant Reimbursement

The County estimates that participant reimbursement will total \$_____ for transportation and \$_____ for dependent care for FFY 1995. This is based upon an estimated_____ mandatory participants and volunteers who will begin a component.

- ☐ Some of these individuals will participate in more than one component and consequently require reimbursement for the additional component(s).

6. Method of Reimbursement.

- ☐ Reimbursement for transportation expenses is required up to \$25 per month.

Reimbursement for transportation is:

- ☐ Reimbursed ☐ paid in advance ☐ consisted of bus tokens ☐ bus pass
☐ Other: _____

Reimbursement for dependent care is required up to \$160 per dependent per month.

Dependent care is:

- ☐ Paid via a vendor ☐ paid via voucher system ☐ reimbursed
☐ Other: _____

Table 4
Operating Budget
Federal Fiscal Year 1995

	Total Cost		Total Contractual Costs	Total Dependent Care Cost	Total Transportation Cost
	Salary & Benefits	Other Costs (Overhead)			
Job Search	\$	\$	\$	\$	\$
Job Club	\$	\$	\$	\$	\$
Workfare	\$	\$	\$	\$	\$
Supervised Job Search	\$	\$	\$	\$	\$
Vocational Training	\$	\$	\$	\$	\$
Education	\$	\$	\$	\$	\$
OJT	\$	\$	\$	\$	\$
Total Costs:	\$	\$	\$	\$	\$

Total Component Costs: \$

Assessment Costs: \$

Total Cost: \$

Table 5

Planned Fiscal Year Costs of the County FSEI Program by Category of Funding - FY 1995

	Estimate of FY 1994 Expenditures	Fiscal Year 1995
1. E&T Grant Funds (100% Federal):		
2. Additional E&T Expenditures: 50% Federal: 35% State: 15% County:		
3. County Over Match for Administrative Cost: 50% Federal: 50% County:		
4. Participant Expenses Reimbursed: a. Up to \$25 per month for transportation and other costs 50% Federal: 35% State: 15% County: b. Up to \$160 per dependent per month for dependent care costs 50% Federal: 35% State: 15% County: c. Above \$25 per month for transportation and other costs (optional) 100% County: d. Above \$160 per dependent per month for dependent care costs (optional) 100% County: e. County Over Match for: <input type="checkbox"/> Transportation <input type="checkbox"/> Dependent Care 50% Federal 50% County		
5. Total E&T Program Costs (1 + 2 + 3)		

PART V**COUNTY GEOGRAPHIC EXCLUSION**

This part of the plan should be completed by a county requesting a partial or total geographic exclusion.

In order to obtain FNS approval to exclude certain geographic areas, strong, specific justification regarding the impracticality of operating a program in that area must be provided by the county.

The County is requesting a:

☐ Total geographic exclusion ☐ Partial geographic exclusion

A. Work Registrant Population.

If requesting a partial geographic exclusion please list those areas (towns, cities, communities) of your county you are requesting exclusion and the FSET work registrant population for that area:

<u>Area</u>	<u>Work registrant population</u>

B. Unemployment.

County unemployment rate for the past 12 month period: _____ (percent)

How did the county arrive at the unemployment rate:

C. Exclusion Justification.

1. Transportation/Remoteness:

- ☐ No public transportation
- ☐ Round-trip travel time between unincorporated areas exceed two hours.
- ☐ Private bus line is inadequate and costly

List cost of private transportation and add any additional justification; such as, bus services limited to twice a day service: _____

2. Employment:

- ☐ Employment is seasonal:

Explain: _____

- ☐ Job opportunities are limited:

Explain: _____

- ☐ A major employer has had substantial layoffs.

Explain: _____

- ☐ The county has experienced a natural disaster:

Explain:

3. Additional Justification.

Provide a narrative statement(s) about why your county should be excluded. Geographic exclusion requests will be judged on the circumstances of the area, not factors such as the county's ability to provide service in the area.

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Only complete the following section if your county is requesting a total geographic exclusion:

D. Work Registrant Population

1. The number of work registrants expected to be in the County as of October 1, 1994 through October 31, 1994 is estimated to be: _____
2. Anticipated number of new work registrants added between November 1, 1994 and September 30, 1995 total: _____
3. The total number of work registrants in the County between October 1, 1994 and September 30, 1995 is estimated to be: _____

The work registrant count in the county is:

☐ duplicated ☐ unduplicated

If duplicated what percent is duplicated: _____

Explain how you arrived at this percent: _____

Number of FSET work registrants last FFY: _____

PART VI**MANAGEMENT INFORMATION AND PROGRAM REPORTING**

A. Methods for Meeting On-Going Reporting Requirements.

The County will submit quarterly reports (STAT 40) to the California Department of Social Services the fifteenth working day of the month following the report quarter.

1. Management Information System (MIS)

☐ The County will aggregate hard copy reports

☐ Other: _____

B. Organizational Responsibility for FSET Reporting (STAT 40)

1. Responsibility for non-Financial FSET reports. Please provide the name, address and telephone number of contact person:

2. Responsibility for financial FSET reporting (claims). Please provide the name, address and telephone number of contact person.